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\* Admitted in TX only  
\*\* Admitted in CT only

## Facsimile Cover Sheet

**To:** Commissioner for Patents  
Examiner: Jeffrey E. Russel  
**Company:** U. S. Patent and Trademark Office  
**Location:** Washington, D.C. 20231  
**Phone:** (703) 308-3975  
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**FAX RECEIVED**

MAR 17 2003

**GROUP 1600**

**From:** Theodore R. West  
**Phone:** (617) 227-7400  
**Fax:** (617) 742-4214  
**Attorney Docket No.:** NCI-043CN  
**Serial No.:** 09/970,148  
**Group Art Unit:** 1654

**OFFICIAL**

**Date:** March 14, 2003  
**Sent By:** Jenn Torpey  
**Pages including this cover page:** 22

**Message:**

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**EXAMINER J. RUSSEL**

**GROUP ART UNIT 1654**

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In re the application of: Robert Kisilevesky, *et al.*Case Docket No. NCI-043CN

Serial No. 09/970,148

Filed: October 2, 2001

For: METHODS AND COMPOSITIONS TO TREAT GLYCOSAMINOGLYCAN-  
ASSOCIATED MOLECULAR INTERACTIONS

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Preliminary Amendment (10 pages).
- ☒ Information Disclosure Statement (2 pages).
- ☒ PTO Form 1449 (7 pages).

The fee has been calculated as shown below:

	(Col 1)		(Col 2)	(Col 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	32	MENUS	20	12
INDEP.	11	MINUS	3	8
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
1.9 =	\$ 00
1.42 =	\$ 00
1.140 =	\$ 00
TOTAL ADDIT. FEE	\$0.00

OTHER THAN A SMALL ENTITY	
RATE	ADDIT. FEE
1.18 =	\$ 216.00
1.84 =	\$ 672.00
1.280 =	\$ 280.00
TOTAL	\$1168.00

- \* If the entry in Col 1 is less than the entry in Col 2, write "0" in Col 3
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 12-0080 in the amount of \$1,168.00. For this purpose, a duplicate copy of this sheet is enclosed.
- ☒ Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080. For this purpose, a duplicate copy of this sheet is enclosed. Applicants request any extensions of time necessary to respond.

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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Washington, DC 20231 on:	
Date	March 14, 2003
Theodore R. West, Reg. No. 47,202	<i>[Signature]</i>

Respectfully submitted,

LAHIVE &amp; COCKFIELD, LLP

*[Signature]*  
 Theodore R. West  
 Reg. No. 47,202  
 Agent for Applicants

In re the application of: Robert Kisilevesky, *et al.*Case Docket No. NCI-043CN

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(Col. 1)			(Col. 2)		(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PAYMENT EXTRA	
TOTAL	32	MINUS	** 20	=	12	
INDEP	11	MINUS	*** 3	=	8	
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM						

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	ADDIT FEE		RATE	ADDIT FEE
≤ 9 =	\$ 00		≤ 18 =	\$ 216.00
≤ 42 =	\$ 00		≤ 84 =	\$ 672.00
≥ 140 =	\$ 00		≥ 280 =	\$ 280.00
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	\$1168.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
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 Agent for Applicants